PTO/SB/05 (03-01) or use through 10/3 (2002. OMB 0651-0032. Approv

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No.			ב
First Inventor		HODOS	36
Title REFORM	1 EHERA	Υ	j1 0

- ((Only for new nonprovisional application	ns under 37 CFR 1.53(b))	Express Mail Label No.					
	APPLICATION ELE		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Westington, DC 20231					
કો મીળી પ્લાપ્ત મારી કે પ્રાથમિક કર્યું કે પ્રાથમિક કર્યું	3. (preferred arrangement set forth below) - Descriptive title of the invent - Cross Reference to Related - Statement Regarding Fed sp Reference to sequence listin or a computer program listin - Background of the Invention - Brief Summary of the Invent - Brief Description of the Dray	O/SB/17) rocessing/ ratus. al Pages [1] ion Applications ponsored R & D ig, a table, g appendix ition	Washington, DC 20231 7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. paper c. Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. Assignment Papers (cover sheet & document(s))					
Step of the state	a. Newly executed (original Copy from a prior applica (for continuation/divisional i. DELETION OF IN Signed statement attach named in the prior applica 1.63(d)(2) and 1.33(b). 6. Application Data Sheet. See 18. If a CONTINUING APPLICATION, chi	[Total Pages	10					
	Box 5b is considered a part of the disclosu	Continuation-in-part (CIP) ner only: The entire disclosure of the accompanying continuation.	of pnor application No/ Group Art Unit:					
	Customer Number or Bar Code Label	(Insert Customer No. or Atlach ba	or Correspondence address below					
	Name RQE	DAYSIDE C						
	Address City Country RHOH	Meho	State CALIFORNIA Zip Code 94804 Tephone 50-215-5382 Fax					
	Name (Print/Type)	ERT Woods						
	Signature	about I	oods Date 10.23.01					

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

PTO/SB/17 (11-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it displays a valid OMB control and the collection of information unless it displays a valid OMB control and the collection of information unless it displays a valid OMB control and the collection of information unless it displays a valid OMB control and the collection of information unless it displays a valid OMB control and the collection of information unless it displays a valid OMB control and the collection of information unless it displays a valid OMB control and the collection of information unless it displays a valid OMB control and the collection of information unless it displays a valid OMB control and the collection of information unless it displays a valid OMB control and the collection of information unless it displays a valid OMB control and the collection of information unless it displays a valid OMB control and the collection of information unless it displays a valid OMB control and the collection of information unless it displays a valid OMB control and the collection of information unless it displays a valid OMB control and the collection of information unless it displays a valid OMB control and the collection of information unless it displays a valid OMB control and the collection of information unless it displays a valid OMB control and the collection of information unless it displays a valid OMB control and the collection of information unless it displays a valid OMB control and the collection of information unless it displays a valid OMB control and the collection of information unless it displays a valid OMB control and the collection of information unless it displays a valid OMB control and the collection of information unless it displays a valid OMB control and the collection of information unless it displays a valid OMB control and the collection of information unless it displays a valid OMB control and the collection o Under the Paperwork Reduction Act of 1995, no persons are required to

F	E	E	T	R	A	N	S	MI	T	T/	1 L
		1	fo	r	F	Y	2	00	2		

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

4 k

the name having graph is named about 10 to 10 in the faces don't begin

1.7 Will. * ** H

F 25

(\$)	37	Q.	00

Complete if Known						
Application Number						
Filing Date						
First Named Inventor						
Examiner Name						
Group Art Unit						
Attorney Docket No.						

METHOD OF PAYMENT (check all that apply)						FEE CALCULATION (continued)					
Check	Credit card	Money	Other None	2 ADDITIONAL PERC							
Deposit Acc	onunt:	Order -		Large	v						
Deposit Acc	oun.			Fee	Fee	Fee	Fee	Fee Description	Fee Paid		
Account Number				Code		Cod					
Deposit				105	130	205	65	Surcharge - late filing fee or oath			
Account Name	*			127	50	227	25	Surcharge - late provisional filing fee or cover sheet			
		zed to: (check all t		139	130	139	130	Non-English specification			
Charge fee(s) i			any overpayments	147	2,520		2,520	For filing a request for ex parte reexamination			
			ncy of this application	112	920*	1	920*	Requesting publication of SIR prior to			
Charge fee(s) it to the above identi		ow, except for the	filing fee		020	,,,_	020	Examiner action			
to the above deni		LCULATION		113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action			
1. BASIC FILI				115	110	215	55	Extension for reply within first month			
Large Entity Sm				116	400	216	200	Extension for reply within second month			
	e Fee ode (\$)	Fee Description	Fee Paid	117	920	217	460	Extension for reply within third month			
101 740 20		Utility filing fee		118	1,440	218	720	Extension for reply within fourth month			
106 330 20		Design filing fee	\$370.0	128	1,960	228	980	Extension for reply within fifth month			
107 510 20	07 255	Plant filing fee		119	320	219	160	Notice of Appeal			
108 740 20	08 370	Reissue filing fee		120	320	220	160	Filing a brief in support of an appeal			
114 160 21	14 80	Provisional filing f	ee	121	280	221	140	Request for oral hearing			
SURTOTAL (4) (4) 2-70.00			138	1,510	138	1,510	Petition to institute a public use proceeding				
SUBTOTAL (1) (\$) 370. ° ° 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				140	110	240	55	Petition to revive - unavoidable			
2. EXTRA CLA	AIM FEES	FOR UTILITY	e from	141	1,280	241	640	Petition to revive - unintentional			
г		Extra Claims 1	elow Fee Paid		1		640	Utility issue fee (or reissue)			
Total Claims L	-20**	_ = =		143	460		230	Design issue fee			
Claims L Multiple Dependen		= L × <u> </u>		144	620	244	310	Plant issue fee			
wampie Dependen	IL .	L	=	122	130	122	130	Petitions to the Commissioner			
Large Entity Si	mall Entity			123	50	123	50	Processing fee under 37 CFR 1.17(q)			
Fee Fee F	ee Fee	Fee Description	<u>n</u>	126	180	126	180	Submission of Information Disclosure Stmt			
1	Code (\$) 203 9	Claims in excess	of 20	581	40	581	40	Recording each patent assignment per property (times number of properties)			
102 84	202 42	Independent clain	ns in excess of 3	146	740	246	370	Filing a submission after final rejection			
104 280	204 140	Multiple depende	nt claim, if not paid	149	740	240	270	(37 ČFR § 1.129(a))	I		
109 84 2	209 42	** Reissue indepe over original pa		149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))			
110 18 2	210 9	** Reissue claims		179	740	279	370	Request for Continued Examination (RCE)			
		and over origina	n patent	169	900	169	900	Request for expedited examination of a design application			
	SUBT	OTAL (2)	(\$)	Other	fee (sp	ecify)					
**or number ore		if greater: For Poi		*Rodu	red by	Back	Filing	Eee Paid SURTOTAL (3) (\$)			

SUBMITTED BY Complete (if applicable)								
Name (Print/Type)	BORGET WOODS	Registration No. (Attorney/Agent)	Telephone	510-215-5332				
Signature	Savent Stord		Date	DES. 30, 2001				

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.